Approved for use through 1/31/2006 OMB 06514

٠	Under the Peperwork	Reduction Art of 1994			U.S. Polari an	Approved I	or use th	Pounh 7/11/200	PTO/58/06 (12.0.	
	PATE	NT APPLICATION	supple au tachined to te	spond	o e poliection of	Information until	ice; u s	DEPARTMEN	ONB 061-003	
•		Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO ATE File of Feet and Trademark Office PATENT APPLICATION FEE DETERMINATION RECORD						tere e vald Of	AB control marke	
	Substitute for Form PTO-875 Effective December 8, 2004						17%	M Humber		
	APPLICATION AS FILED - PART I							101657,431		
	(Column 1) (Column 2) SMALL ENTITY						•	and the same in		
		(column 1)			SMALL ENTITY		OR	OTHER THAN		
	FOR NUMBER FILED		LOUISES TO			-	"1	SMAL	ENTITY	
	BASIC FEE		HUMBER EXTRA		RATE (\$)	FEE (1)	1			
٠	(37 CFR 1 16(4) (b) ar (c)) SEARCH FEE	NA	N/A	- 1	NVA	150.00	l .	RATE (\$)	FEE(1)	
	(37 CFR 1 16(W. (1), or (m))	N/A	144			180.00	1 I		300.00	
į	EXAMINATION FEE	·	N/A		N/A	\$250		NIA	_	
	(37 CFR 1 18(0), (p), or (q))	N/A	N/A	7	NA		1	NA	\$500	
.	TOTAL CLAIMS 137 CFR 1 16(1)			_	NA.	\$100		· N/A	\$200	
	INDEPENDENT CLAIMS	minus 20 •			X\$ 25			-	9200	
	(37 CFR 1 16(h))	minus 3 =		7		lI	OR	X\$50		
					.X100			X200		
	APPLICATION SIZE	If the specification and sheets of paper, the ap		7			·	-	11	
•	FEE (37 CFR 16(4))						- 1			
٠.	1			- -			1		1 1	
	: 146/4)			.11	1	. 1		•		
-	MULTIPLE DEPENDENT C	LAIM PRESENT DI CFR	(6(n)	7 1	+180=		` -	·		
		يا ل		·		+360=				
* If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL										
APPLICATION AS AMENDED - PART II										
_	(Column 1) (Column 2) (Column 3)								. 1	
	CLAIMS HIGHEST PRES			: **	SMALL EN	י אווד	OR	OTHER	THAN .	
			MAFR PRESENT	Π	RATE (\$)			SMALL E	NTITY	
Ş			IOUSLY EXTRA			ADDI- TIONAL	- 1 -	RATE(\$)	- ADDI-	
Š				h		FEE (1)		1	TIONAL	
. <u>Ç</u>	Independent .	WANTED .		×	\$ 25	O/	l v	50	FEE (1)	
<u> </u>	profesitiony 5 Minus		5 1	X	X100		`			
Ą						OF	X2	00	1.	
	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					1			1	
	(37 CFR 1.160)				180=	1 1 00	13	60=		
					TOTAL OF					
	(Column 1)			AO	ADD'L FEE OR			ADO'L FEE		
80	CLAU	COIU	mn 2) (Column 3)							
	REMAI	VING NING	ER PRESENT			<u>-</u> -	-			
5	AFTE	PREVIO	USLY EXTRA	RV	ATE (F) A	DDI-	RA	TE (\$)		
里	OTOFR.LIQUI	MENT PAID F		L	TIC FF	HAL . E(\$)	1		ADOI- TONAL	
f	A The second second		1.	XS	nr l		ļ		EE(\$)	
M	thospendent.	Minus ***	E:			OR	X\$5	0		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))			LX1	00	1 00	X20	7.		
4				OR .						
	W SO WOLLY IN COLUMN SERVICE	JLTIPLE DEPENDENT CLAIM	GT CFR 1.16(0)	1	90-					

* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Sociection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case, Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Orice, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.

+180=

TOTAL.

+360±

OR